!	TE / OFFICEHOLDER N FINANCE REPORT	6810	FORM C/OH COVER SHEET PG 1		
The C/OH Instruction G	uide explains how to complete this form.	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST JA: Me NICKNAME LAST BAllestero	A. SUFFIX	OFFICE USE ONLY		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	•	TX 78691	Date Hand-delivered to Date Postmarked 17 TEX		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (511) 913-5136	EXTENSION	Receipt # Amount]		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST J: M NICKNAME LAST Keassey	MI	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SU 521 Broken Feather		ZIP CODE 78660		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 990 - 2062	EXTENSION			
9 REPORTTYPE	January 15 30th day before election July 15 X 8th day before election		15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)		
10 PERIOD _ COVERED.	Month Day Year THRO	Month Day DUGH02 / 25	Уон / 0 В		
11 ELECTION	Month Day Year ELECTION TO S Primary		General Special		
12 OFFICE	OFFICE HELO (if any)	13 OFFICE SOUGHT (II know TRAN; & County	constable Put. 2		
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER	Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. Name				
INDIVIDUALS additional pages	Address / PO Box; Apt. / Suite #, City; State;	Zıp Code			
акливисти реф	GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

			JOVER GILLITOE		
15 C/OH NAME	Jaine A.	Ballesteris	16 ACCOUNT # (Ethics Commission Filers)		
17 NOTICE FROM POLITICAL	•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.				
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL SPECIFIC	COMMITTEE ADDRESS			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS), UNLESS ITEMIZED	\$ 100.50		
TOTALS	2. TOTAL	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 100.00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		\$ 49.33		
	4. TOTAL	\$ 3,375.09			
CONTRIBUTION BALANCE	5. TOTAL I OF REP	\$ 40000°			
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	* - O		
₹((★))	ARLOTTE J. DANIE Notary Public STATE OF TEXAS Comm. Exp. 06-19-20	is true and correct and includes all me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by		
AFFIX NOTARY STAME		_	didate or Officeholder		
Sworn to and subscril	bed before me, by	the said <u>Juli WE A. Ballestevos</u> tify which, witness my hand and seal of office.	$\frac{5}{2}$, this the $\frac{3511}{2}$ day		
Charlottes	J. Stinick	Dharloffet Daniels I	Votory Public		

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 1-800-325-8506 (512) 463-5800 **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Jaine A. Ballesteros Date 5 Full name of contributor Out-of-state PAC (104) 7 Amount of 8 In-kind contribution contribution (\$) description (if applicable) 02/07/08 Debbie Reyes 6 Contributor address; City: State, Zip Code 4407 Number LY Austra, in 78744 100,00 (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#. Amount of In-kind contribution contribution (\$) description (if applicable) Theresa Berry Contributor address; City: State: Zip Code 0407/08 50,00 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor | Out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description (if applicable) Fidel Acevedo 0407/08 Contributor address; City; State; Zip Code 30,00 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Ust-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description (if applicable) Louis Kienitz JA. 04107108 Contributor address; City; State; Zip Code 20,00 (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Date Amount of In-kind contribution Out-of-state PAC (ID#: description (if applicable) contribution (\$) SAN JUAN: tA SERNA Contributor address; City; State; Zip Code 65.00 02/07/03 (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 1-800-325-8506 (512) 463-5800 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Jaime A. Ballesteros 8 In-kind contribution 7 Amount of contribution (S) description (if applicable) 0407/03 13500 6 Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) 9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Date In-kind contribution Amount of Full name of contributor out-of-state PAC (ID#: contribution (\$) description (if applicable) Contributor address; City, State; Zip Code (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of in-kind contribution Out-of-state PAC (ID#) contribution (\$) description (if applicable) Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date In-kind contribution Full name of contributor Out-of-state PAC (ID#. Amount of description (if applicable) contribution (\$) Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of In-kind contribution Date Full name of contributor description (if applicable) contribution (\$) ¿ Contributor address; City; State; Zip Code (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form. 1 Total pages Scheduler		dule G:	
2 FILER NAME 3 ACCOUNT# (Ethi			ics Commission filers)
JA	ine A. Ballesteros		+ ±
4 Date	5 Payee name CASA GARCIAS #3		8 Amount (\$)
02/06/08	6 Payee address: City: State; Zip Code 15803 Windermere Dr. #601 Allyer	\$100°°	
	7 Purpose of expenditure (See instructions regarding type of informat Fund Misser (If travel outside of Texas, complete Schedule T)	Reimbursement from political contributions intended	
Date	Payee name CAPCIA'S # 3		Amount (\$)
80160120	Payee address; City; State; Zip Code 15803 Winderman Oc. # 601, ffly	\$ 519.14	
	Purpose of expenditure (See instructions regarding type of informat	tion required.)	Reimbursement from political contributions intended
Date	Payee name Qu:K Pn: w+ Payee address; City; State; Zip Code		Amount (\$)
02/20/08	8311 Shoal Creek Blod, Austra, Fr	78736	\$ 2,706.57
	Purpose of expenditure (See instructions regarding type of informate アバンナ プッち (If travel outside of Texas, complete Schedule T)	tion required.)	Reimbursement from political contributions intended
Date	Payee name The Home Depot \$504 Payee address; City; State; Zip Code		Amount (\$)
०५२३/०४	25515, IN 35 R.		
	Purpose of expenditure (See instructions regarding type of informa S: M+(a.iw/) (If travel outside of Texas, complete Schedule T)	ation required.)	Reimbursement from political contributions intended
Date	Payee name		Amount (\$)
	Payee address; City; State; Zip Code	,	
	Purpose of expenditure (See instructions regarding type of informations	tion requirec.)	Reimbursement from political contributions
	(If travel outside of Texas, complete Schedule T)		intended